

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation**4.18 Recipient Cost Sharing and Similar Charges**

42 CFR 447.51
through 447.58

- (a) Unless a waiver under 42 CFR 431.55(g) applies, deductibles, coinsurance rates, and copayments do not exceed the maximum allowable charges under 42 CFR 447.54.

1916(a) and (b) of
the Act

- (b) Except as specified in items 4.18(b)(4), (5), and (6) below, with respect to individuals covered as categorically needy or as qualified Medicare beneficiaries (as defined in §1905(p)(1) of the Act) under the plan:

- (1) No enrollment fee, premium, or similar charge is imposed under the plan.

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under-

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18 or older, but under age 21, to whom charges apply are listed below, if applicable.

- (ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

TN No. 93-04
Supersedes
TN No. 87-11

Approval Date 01/03/94

Effective Date 06/16/93

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

4.18 (b) (2) (Continued)

42 CFR 447.51
through 447.58

(iii) All services furnished to pregnant women.

☒ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving medical services in the institution, to spend for medical care costs all but a minimal amount of his or her income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

(vii) Services furnished by a health maintenance organization in which the individual is enrolled.

1916 of the Act,
P.L. 99-272,
(§9205)

(viii) Services furnished to an individual receiving hospice care, as defined in §1905(o) of the Act.

TN No. 93-04
Supersedes
TN No. 87-01

Approval Date 01/03/94

Effective Date 06/16/93

HCFA ID: 7982E

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

4.18 (b) (Continued)

42 CFR 447.51
through 447.48

- (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed for services that are not excluded from such charges under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age groups:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☒ 21 or older

☐ Charges apply to services furnished to the following reasonable categories of individuals listed below who are 18 years of age or older but under age 21.

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 87-01

HCFA ID: 7982E

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

4.18 (b) (3) (Continued)

42 CFR 447.51
through 447.58

(iii) For the categorically needy and qualified
Medicare beneficiaries,
ATTACHMENT 4.18-A specifies the:

- (A) Service(s) for which a charge is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance or copayment charges imposed on a specified time period.

☒ Not applicable. There is no maximum.

TN No. 93-04
Supersedes
TN No. 92-14

Approval Date 01/03/94Effective Date 06/16/93

HCFA ID: 7982E

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

1916(c) of the Act	4.18	(b)	(4)	<input type="checkbox"/>	A monthly premium is imposed on pregnant women and infants who are covered under §1902(a)(10)(A)(ii) (IX) of the Act and whose income equals or exceeds 150 percent of the Federal poverty level applicable to a family of the size involved. The requirements of §1916(c) of the Act are met. <u>ATTACHMENT 4.18-D</u> specified the method the State uses for determining what constitutes undue hardship for waiving payments of premiums by recipients.
1902(a)(52) and 1925(b) of the Act	4.18	(b)	(5)	<input type="checkbox"/>	For families receiving extended benefits during a second 6-month period under §1925 of the Act, a monthly premium is imposed in accordance with §1925(b)(4) and (5) of the Act.
1916(d) of the Act	4.18	(b)	(6)	<input type="checkbox"/>	A monthly premium, set on a sliding scale, imposed on qualified disabled and working individuals who are covered under §1902(a)(10)(E)(ii) of the act and whose income exceeds 150 percent (but does not exceed 200 percent) of the Federal poverty level applicable to a family of the size involved. The requirements of §1916(d) of the Act are met. <u>ATTACHMENT 4.18-E</u> specifies the method and standards the State uses for determining the premium.

TN No. 93-04
Supersedes
TN No. 87-01

Approval Date 01/03/94

Effective Date 06/16/93

HCFA ID: 7982E

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

4.18 (c) ☒ Individuals are covered as medically needy under the plan.

42 CFR 447.51
through 447.58

- (1) ☐ An enrollment fee, premium or similar charge is imposed. ATTACHMENT 4.18-B specified the amount of and liability period for such charges subject to the maximum allowable charges in 42 CFR 447.52(b) and defines the State's policy regarding the effect on recipients of non-payment of the enrollment fee, premium, or similar charge.

447.51 through
447.58

- (2) No deductible, coinsurance, copayment, or similar charge is imposed under the plan for the following:

- (i) Services to individuals under age 18, or under-

☐ Age 19

☐ Age 20

☒ Age 21

Reasonable categories of individuals who are age 18, but under age 21, to whom charges apply are listed below, if applicable.

TN No. 93-04
Supersedes
TN No. 90-07

Approval Date 01/03/94

Effective Date 06/16/93

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

4.18 (c) (2) (Continued)

42 CFR 447.51
through 447.58

(ii) Services to pregnant women related to the pregnancy or any other medical condition that may complicate the pregnancy.

(iii) All services furnished to pregnant women.

☒ Not applicable. Charges apply for services to pregnant women unrelated to the pregnancy.

(iv) Services furnished to any individual who is an inpatient in a hospital, long-term care facility, or other medical institution, if the individual is required, as a condition of receiving services in the institution, to spend for medical care costs all but a minimal amount of his income required for personal needs.

(v) Emergency services if the services meet the requirements in 42 CFR 447.53(b)(4).

(vi) Family planning services and supplies furnished to individuals of childbearing age.

1916 of the Act,
P.L. 99-272
(§9505)

(vii) Services furnished to an individual receiving hospice care, as defined in §1905(o) of the Act.

447.51 through
447.58

(viii) Services provided by a health maintenance organization (HMO) to enrolled individuals.

☐ Not applicable. No such charges are imposed.

TN No. 93-04
Supersedes
TN No. 90-07

Approval Date 01/03/94

Effective Date 06/16/93

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACTState of VIRGINIA

Citation

4.18 (c) (3) Unless a waiver under 42 CFR 431.55(g) applies, nominal deductible, coinsurance, copayment, or similar charges are imposed on services that are not excluded from such charges under item (b)(2) above.

☐ Not applicable. No such charges are imposed.

(i) For any service, no more than one type of charge is imposed.

(ii) Charges apply to services furnished to the following age group:

☐ 18 or older

☐ 19 or older

☐ 20 or older

☒ 21 or older

Reasonable categories of individuals who are 18 years of age, but under 21, to whom charges apply are listed below, if applicable.

TN No. 93-04Approval Date 01/03/94Effective Date 06/16/93

Supersedes

TN No. 90-07

HFCA ID: 7982E

Revision: HCFA-PM-91-4
August, 1991

(BPD)

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

Citation

4.18 (c) (3) (Continued)

447.51 through
447.58

(iii) For the medically needy, and other optional groups, ATTACHMENT 4.18-C specifies the:

- (A) Service(s) for which charge(s) is applied;
- (B) Nature of the charge imposed on each service;
- (C) Amount(s) of and basis for determining the charge(s);
- (D) Method used to collect the charge(s);
- (E) Basis for determining whether an individual is unable to pay the charge(s) and the means by which such an individual is identified to providers;
- (F) Procedures for implementing and enforcing the exclusions from cost sharing contained in 42 CFR 447.53(b); and
- (G) Cumulative maximum that applies to all deductible, coinsurance, or copayment charges imposed on a family during a specified time period.

☒ Not applicable. There is no maximum.

TN No. <u>93-04</u>	Approval Date <u>01/03/94</u>	Effective Date <u>06/16/93</u>
Supersedes		
TN No. <u>90-07</u>		HFCA ID: 7982E